

FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34978

STATE FILE NUMBER

REG.# 15281

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

607

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN DEXTER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS 931 NORTH LOCUST	
3. NAME OF DECEASED (Type or print) First JON Middle HOLLY Last KELLY		4. DATE OF DEATH Month OCTOBER Day 17 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-7-18
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLIGHT INSTRUCTOR		9b. KIND OF BUSINESS OR INDUSTRY AVIATION	
10a. BIRTHPLACE (City and state or country) GRAND TOWER, ILLINOIS		10b. CITIZEN OF WHAT COUNTRY? U.S.A.	
11a. FATHER'S NAME HOLLY KELLY		11b. MOTHER'S MAIDEN NAME HELEN KUNCE	
11c. NAME OF HUSBAND OR WIFE LAURA LEE KELLY		11d. ADDRESS VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWII		13. SOCIAL SECURITY NO. UNKNOWN	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia		INTERVAL BETWEEN ONSET AND DEATH Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		332X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute pulmonary edema		19. WAS AUTOPSY PERFORMED? Yes YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		20g. COUNTY STODDARD STATE MISSOURI	
21. attended the deceased from October 16, 1957 to October 17, 1957 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. LESTER HARWELL, M. D.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 10/17/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-18-57	
23c. NAME OF CEMETERY OR CREMATORY Grand Tower Cem.		23d. LOCATION (City, town, or county) (State) Grand Tower; Ill.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 10/25/57	
26. REGISTRAR'S SIGNATURE By mmm			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address

Boylan Bldg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.